This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

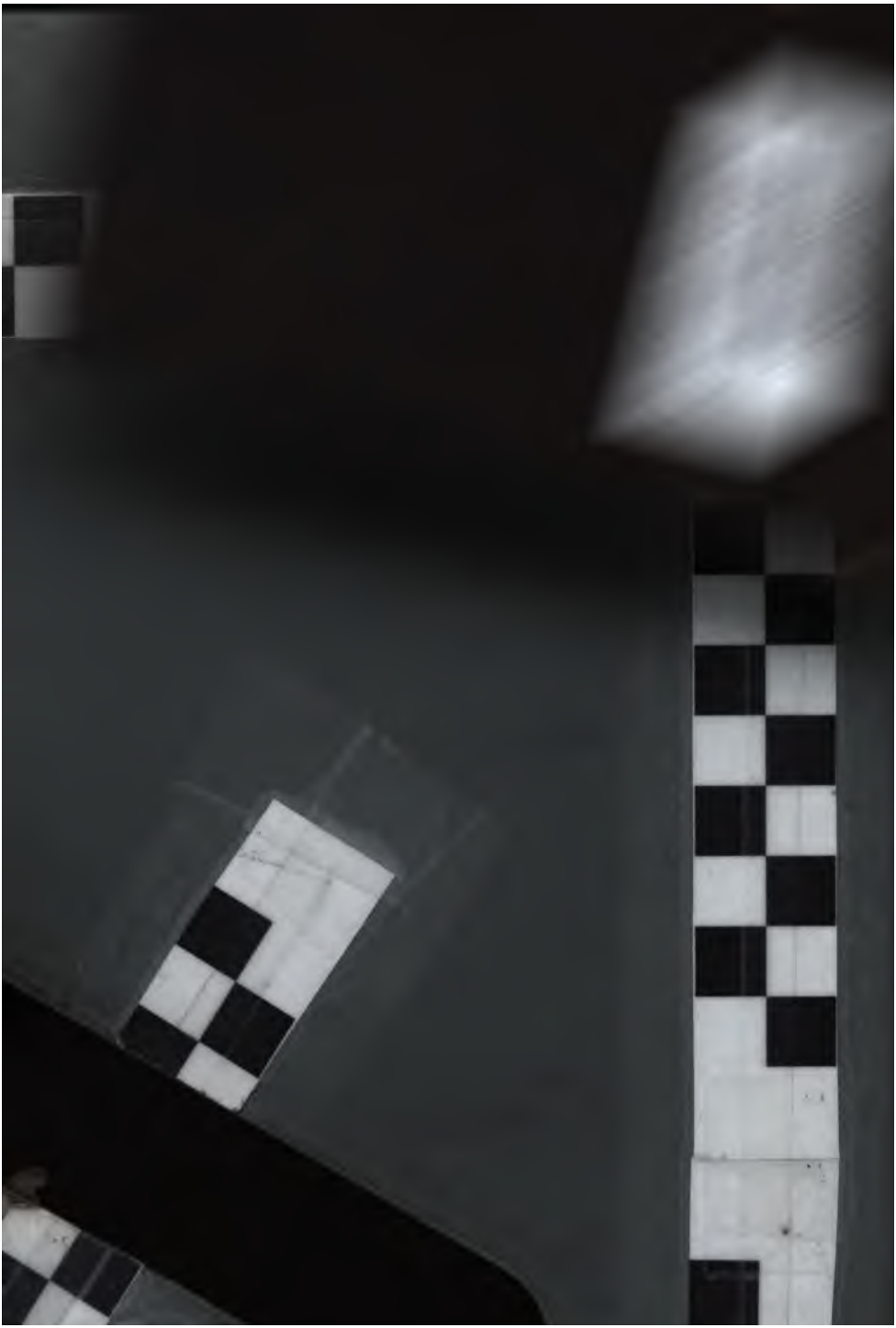
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`



LANE

MEDICAL LIBRARY

LEVI COOPER LANE FUND

TREATMENT

OF

VARICOCELE

BY

EXCISION OF REDUNDANT SCROTUM.

LANE LIBRARY

ILLUSTRATED BY NEW INSTRUMENTS AND AN ACCOUNT OF FIFTEEN SUCCESSFUL CASES.

BY M. H. HENRY, M.A., M.D.,

LATE SURGEON-IN-CHIEF TO THE STATE EMIGRANT HOSPITALS, WARD'S ISLAND, NEW YORK; FELLOW OF THE NEW YORK ACADEMY OF MEDICINE, ETC., ETC.

LANE MEDICAL LIBRARY
13620
SAN FRANCISCO

...cademy of Medicine,
LIBRARY,
12 West 31st St., New York.

NEW YORK:
J. H. VAIL & CO., 27 GREAT JONES STREET.
1881.

EW

LANE LIBRARY

N68
H52
1881

PREFACE.

THIS paper was read before the Academy of Medicine of New York, April 21, 1881. It appeared in the *Medical Record*, May 28, 1881. By kind invitation of a distinguished surgeon of Philadelphia, I appeared before the Academy of Surgery, June 6th, and explained my views and the advantages of the new instruments.

This publicity has attracted a larger share of attention to the subject than I had reason to hope for. It has, at the same time, afforded me —both personally and by correspondence—assurance from the ablest of my *confrères* of their appreciation of the advantages of this operation and acknowledgments of my own contribution.

It is now reprinted in deference to the wishes and at the suggestion of many friends and correspondents who desire to retain it in a permanent form.

427 FIFTH AVENUE, NEW YORK,
July, 1881.

TREATMENT OF VARICOCELE

BY

EXCISION OF REDUNDANT SCROTUM.

TEN years ago I published an article * on amputation of redundant scrotum in the treatment of varicocele. I gave a terse account of the disease, my own personal experience and my impressions of the value of this operation based on the experience of many distinguished *confrères* who entertained views similar to my own of the value of this procedure. In that article I described a new instrument and gave the result of three successful operations—rendered so, I believe, by the use of this instrument. My own experience at that time covered a period of some fifteen years. My subsequent opportunities I shall speak of farther on. During the past ten years extraordinary opportunities have been afforded me of

* The American Journal of Syphilography and Dermatology, vol. ii., p. 220.

observations on the extent and existence of varicose veins and varicocele in private and public practice. If the publication of these observations does no more than attract a little additional attention on the part of my *confrères* to the value of this operation for the treatment of varicocele, I shall feel that I have been, at least, compensated in my effort to place the same before them. In my former article—published in 1871—I shared the opinion of most authorities that varicocele was an affection of frequent occurrence. It was estimated that about ten per cent. of all male adults suffered from this disease. My own personal experience during the past ten years leads me to different conclusions. Let me state why. As consulting surgeon of the Police Department of New York, I have for many years examined, with my colleagues, applicants for appointment on the force. The result shows the following: during the years 1876–80—five years—1,978 applicants submitted to thorough examinations, and of this number 41 were rejected for varicocele, and 61 for varicose veins of the lower extremities; 7 of the 41 cases of varicocele had also varicose veins of the legs. No one was examined who was not of age, nor—so far as it was possible to ascertain—beyond thirty years of age. These restrictions limit the examinations to the age in which, according to all standard authors, varicocele is most likely to occur and be developed to its greatest extent.

This will, to many, seem a small percentage of cases for the large number examined, and it might, without reflection, lead to the belief that the examinations were not very rigid. They are; but it is

accounted for in the fact that the applicants are mostly men of the lower working classes, and of robust health, and of more than ordinary good physique. It affords evidence that varicocele is an affection confined, to a great extent, to persons of feeble or impaired constitution, or delicate habit of body—excepting those cases where it suddenly follows an injury or severe strain. This view is sustained by the experts in venereal diseases. The percentage is, at least, one in ten of those suffering from this class of affections, especially of those suffering from syphilis and old cases of stricture and gonorrhœa. During my term of service as surgeon-in-chief of the State Emigrant Hospital, covering a period of more than seven years, cases of varicocele were rare, notwithstanding the service was very large. From January 1873, to January, 1880, in my division, 10,227 patients were treated. This number included cases covering the whole range of surgery and surgical diseases. I am unable to give any reliable statistics. The records were so imperfect, and the assistance afforded me so inadequate, that it was impossible to utilize for reference this interesting field of observation. I believe, however, that the only cases of varicocele called to my attention were in the venereal wards, and coexistent with some other disease.

In the reports of the surgery of the Pennsylvania Hospital, published in 1880, among "the more interesting cases from 1873 to 1878," I find an account of only six cases of varicocele. Five were treated by ligation of the veins, and discharged cured. There is no report of any subsequent examination of any of these cases.

Before referring to the pathological features of varicocele, and the operation I advocate for its relief, let me detain you by stating what we understand as varicocele: it is a term applied to a morbid dilatation of the spermatic veins. The enlarged veins hang down below the testicle, and reach upward into the inguinal canal, and, when very voluminous, conceal the gland, encroach on the septum, and extend to the other side of the scrotum. The dilatation is not confined to the veins exterior to the gland, those of the organ itself are frequently varicose, and enlarged veins may often be distinctly seen ramifying between the tunica vaginalis and tunica albuginea. All surgeons are so familiar with the general features and views entertained of the causes of the disease that we need scarcely repeat them in this paper; but in order to appreciate the benefits of and the indications for the operation, it is necessary to consider the pathological changes which take place in the various structures composing the spermatic veins and scrotum.

The main changes that take place in the veins are: 1st, the elongation of the vein; 2d, its tortuosity; 3d, the loss of the function of its valvular apparatus; and 4th, the loss of resiliency of the veins, which is of various degrees of intensity. This loss of resiliency is due to certain structural changes which take place in the walls of the vein, consisting of a thickening of their coats by proliferation of their connective-tissue elements, following which there occurs fatty degeneration of the muscular elements, which, later on, may increase to a complete calcific degeneration.

In taking these changes into consideration it will readily be seen that the various cases met with present phases varying in proportion to the extent of the progress of the pathological changes—namely, those in which there is very little loss of resiliency, in which the varicocele would be slight, and those in which there is an absolute and entire loss, in which case the varicocele would be exceedingly large. As a result of this varicose condition of the veins, greater or less atrophic changes may take place in the testicle. These changes which take place in the veins react on the scrotum, which gradually becomes enfeebled, lengthened, sometimes thinned and redundant. This redundancy, which is probably due to an atony of its dartos muscle, may consist of walls of scrotal tissue of normal thickness, but from clinical observation I think I am warranted in stating that there is thinning of the scrotal walls in the majority of cases; the intensity of this condition is in direct relation to the extent of the varicosity. It may be well to mention in this connection, that in many cases, particularly where this thinning of the scrotal walls exists, there is frequently a decided enlargement of the superficial scrotal veins. To relieve these complex conditions existing in varicocele, of which I have given this short sketch, many operations and appliances have been advocated by various authors in the works on surgery.

It may be well to remember that in some cases, after the veins have attained a certain size, they seem to accommodate themselves, to a great extent, within the distended scrotum, and cause little or no acute pain. Even in these favorable cases, however, acute

symptoms are likely at any time to manifest themselves and set up, under unfavorable conditions, all the distressing and painful features of the most inveterate forms of the disease. Aside from the distress caused by the "dragging sensation" and pains in the back, the loins and thighs, the inconvenience of chafing in warm climates, and the annoyance to those constantly on their feet, is of no small account, and calls for surgical interference promising relief.

The aims of most surgeons have been mainly to find some palliative to relieve this morbid condition; others have exerted themselves to establish a treatment that promised a radical cure.

Among the many appliances that have been advocated at different times I have found none that have afforded the relief claimed by their authors. The plan suggested by Mr. Wormald is simply a temporary palliative. He proposed to contract the scrotal bag by drawing the most dependent portion through a ring made of soft silver, covered with washleather, and then preventing its escape by pressing the sides of the ring together.* This could not possibly afford more than temporary relief, or during the continuance of the applied instrument.

Mr. Curling† states that relief, from this contrivance, is sometimes afforded, some preferring it to a suspender; but such was not his experience. The ring, he found, was "equally annoying to the patient's feelings, and cannot always be steadily fixed so as to

* Holmes' Surgery, vol. iv., p. 613.

† Ibid., On Diseases of the Testis, Fourth Edition, p. 533.

answer the purpose intended." In a case related to Mr. Curling by Mr. Coulson, "the patient compressed the ring so tightly as to cause a slough of the integuments, which, having separated, was followed, fortunately, by such contraction of the part as to raise the testicle and afford relief from the uneasy symptoms of the complaint." I have met with a similar result following a case of sloughing due to a phlegmonous erysipelas.

In the use of a truss with the pad pressing on the external ring to diminish the calibre of the spermatic veins, and advocated by Mr. Curling, only a small number are relieved after using the instrument for many months. It is a complicated instrument, and the great difficulty in keeping the pad nicely adjusted to the proper spot, the general inconveniences experienced in wearing a truss, and the small chance of a radical cure, certainly offer little temptation to surgeons to advocate this measure of treatment. The method of slinging up the testicle, suggested by Mr. Morgan, of Dublin, is exceedingly irksome to the patient, and scarcely offers more advantages than the apparatus and methods I have already mentioned.

I am daily more than ever convinced that the best appliance yet suggested for temporary relief is a good, clean, nicely fitted suspensory bandage, and I know of none better than those made of perforated vulcanized rubber cloth, with a good, strong, elastic band and simple tape-fastening. Care should be exercised to get one that fits well—not too tight, nor too loose. They seem to exert a very gentle pres-

sure, and at the same time support evenly all the parts; besides these advantages, they can be easily cleaned with a sponge or damp cloth.

All the operations heretofore suggested for the radical cure of the disease have had for their object the occlusion of the veins. Very little can be said in favor of the complex operations proposed by the French surgeons. Those of MM. Ricord and Vidal, of obliterating the veins by ligature and *enroulement*, besides being attended with danger, are, in a large proportion of cases, of little or no benefit; and even when the obliteration is perfect, it is too often associated with complete atrophy of the testicle. The injection in the veins of persulphate of iron, advocated a few years ago, and more recently that of a solution of carbolic acid, deserve mention; but there is danger of exciting phlebitis. A French surgeon, M. Dubrueil, proposed a modification of Vidal's operation of obliterating the veins by the application of the galvano-cautery. He claims that by this operation phlebitis is avoided.

Mr. Henry Lee,* of London, recently advocated the removal of a portion of the anterior skin of the scrotum, and subsequently dividing the veins which are to be obliterated. All the steps of the operation are conducted through the wound made by the removal of the skin. The veins are temporarily compressed to prevent hemorrhage, and then divided. The cut orifices of the veins are sealed with the black hot cautery, which, if of proper tempera-

* At a meeting of the Royal Medical and Chirurgical Society. Lancet, January 15, 1881.

ture, is allowed to adhere to them for five or six seconds. The ligatures and needles used in compression are then removed, and the edges of the skin brought into apposition from below upward by carbolized sutures.

Union by first intention takes place more or less perfectly, and the patient is allowed to follow his avocations in three or four days.

Mr. Pearce Gould described an operation he had performed eleven times—passing a loop of platinum wire around the spermatic veins subcutaneously, and then connecting it with a galvanic *écraseur*, making it burn its way through the veins. He states that two cases were incomplete, but that nine were successfully cured. Mr. Lee, in some subsequent remarks, said that *his object in interfering with the scrotum was to prevent any return of the varicocele.* If Mr. Lee's operation is to effect a radical cure—which he claims—of the varicocele, by obliterating the veins, and the removal of the redundant scrotum is of no service, I fail to see how his interference with the scrotum, such as he describes, will prevent any return of the varicocele. I allude to these suggestions because they emanate from a distinguished surgeon, who seems to have ignored the results of those who have advocated the removal of the scrotum for the relief of enlarged spermatic veins.

In the removal of a redundant scrotum in the manner I shall describe, for the relief of varicocele, no more than ordinary skill is called for. The success of any delicate surgical operation depends mainly on the care and management before, during,

and subsequent to the operation. I have ventured to allude to many little details because I am fully impressed that they bear a most important relation to the chances of success.

Success in any operation depends on attention to details. Failures are too frequently the result of neglect of these so-called trifles. Cases of minor surgery have frequently—by neglect of details—been converted into cases of major importance.

FIG. 1.

DESCRIPTION OF INSTRUMENTS.

The instrument which I have called scrotal forceps, or clamps, consists of two parts (Fig. 1). The main part of the instrument has two double-curved blades, made of steel, about ten inches long, sufficiently heavy to give strength and admit of pressure without injury when in contact with the tissues. The handles are large enough to admit of a good grasp without cramping. That part of the instrument below the joint is curved as nearly as possible according to the natural lines of the raphæ, from the upper anterior part of the scrotum down to and under the scrotum, so that it embraces, when placed in front of the scrotum, the entire and exact por-

tion which it is desired to remove. The coapting surfaces are evenly notched to prevent the tissues from slipping, affording a more secure hold on the soft parts, with less pressure and less injury than smooth surfaces. The blades are only thick enough to give strength, without leaving too much tissue in front.

The handles are curved so that, while they maintain a direct median line they do not interfere or press on the genital parts. The double spring, besides giving additional security and compactness, renders them, to a great extent, self-acting, easy of manipulation, and that, at times, of very great consequence, ability on the part of the operator to perform the operation without the aid of additional assistance.

The screws in the handle and at the end of the blades afford a complete and perfect hold of the parts to be removed. They are not adjusted until the operator is perfectly satisfied that he has embraced the exact portion to be removed in front of the blades.

The extra blade is made of steel, nickel-plated, and is maintained in the right anterior surface of the clamp by two small pins that fit in grooves cut in the clamp. It is easily inserted with a little pressure, and removed as easily by pressing downward and forward; it is then dislodged by slightly raising the extreme end. The extra blade, when in position, leaves a fenestra to afford the surgeon the facility of inserting all his ligatures, should he prefer it, before dividing the parts. The thickness or amount of the tissue left in front of the main blade

and between that and the extra blade, which is the guide for the part to be removed, is ample to assist union, and if the division is a clean one, and the stitches are close and evenly inserted, the pressure and tension is so slight, or rather, divided over the entire cut surfaces, that there is little probability of ulceration through the stitches before union has taken place.

When the part has been removed the extra blade is displaced, leaving a free border exposed in front of the main blade about a quarter of an inch in thickness. In a few minutes the whole wound can be stitched without any inconvenience. The clamp is, of course, not removed until this is accomplished.

Besides the clamp, the only instruments necessary are the scissors or scalpel, needles, with either silk or fine silver wire for sutures, a few acupressure needles, a few *serres-fines*, silver pins, and some adhesive plaster.

For the removal of the redundant portion I prefer scissors to the knife. I am inclined to think the hemorrhage is apt to be less and the cut edges heal more readily by first intention. I cannot give any positive explanation for this, but such is my impression. When the double layers of the scrotum are tightly compressed between the blades of the clamp, it forms a very dense, tough substance, and requires a pair of very strong, sharp scissors to cut through. It is as dense as cartilage. A strong pair of scissors will, with some extra effort, serve the purpose; but, to insure an easy and clean

removal of the part, I use a cutting instrument which I have named cartilage-scissors (Fig. 2). I have dispensed with the rings. These scissors can be grasped and handled with the utmost ease. By the aid of the springs on the inner sides of the handles they are self-acting so far as opening the blades. They are curved on the flat side. They are not only useful for this operation, but will, I think, be found to serve better, and are handled with greater facility, than any other scissors, wherever a cutting instrument is needed for cartilage or other dense or thickened tissues.

FIG. 2.

Before the operation, the patient should have free evacuation from the bowels. If there is any tendency whatever to looseness, it is advisable to give an opium suppository. Before any anæsthetic is administered the patient should be carefully examined, and the forceps applied while in a standing position; this will afford the surgeon the best opportunity to decide the exact portion of scrotum to be removed. If this precaution be taken, there is no danger whatever of his removing too much tissue. I am satisfied there is much more danger of his not cutting off enough. The patient being placed in a recumbent position, his thighs well separated with folded towels, the forceps are applied by placing the blades in front and under the anterior portion of the scrotum, and

held in a direct median line. The end of the forceps being close to the perineum, the scrotum is then engaged between the blades of the forceps. Care must, of course, be exercised not to include anything more than the scrotum. As soon as they are adjusted and the proper amount of tissue to be removed engaged between the blades, the screws should be tightened and the part removed.

I find that by carrying the incision very low down, to the lowest and most pendulous part of the scrotum, it affords the easiest egress for any little portion of blood or serum that might collect there, and at the same time prevent, or at least lessen, the chances of an abscess. While I have never met with any such complication, I am nevertheless aware of the possibility of such an occurrence.

I use the ordinary interrupted suture; it affords advantages over the running stitch, should it subsequently be found necessary to divide one or two stitches in case of hemorrhage, or in case of severe œdema. If the interrupted suture be used, each stitch being independent of its neighbor, affords facilities under these circumstances which I think are of no small value. The stitches should be close together. I have used silver pins and the figure of 8 ligature—the same as practised in cases of hare-lip —in three of my operations. They all did well.

Teats, or angular points, are sometimes left at each end of the wound, which may prove, at times, annoying and unsightly; this may be avoided by a slight rounding of the corners when the part is removed.

Should any vessel be divided requiring special attention, the application of a small acupressure needle will be found most serviceable. If the bleeding occurs on or very near the border of the incised parts, I apply a *serre-fine* or acupressure needle.

In persons of a feeble or debilitated constitution, diffuse hemorrhage may occur, as in any surgical operation. This is best treated by the local application of ice or of a solution of the persulphate of iron. In persons of a true hemorrhagic diathesis the operation should not be performed.

It has been suggested that there was danger of a retraction of the dartos muscle in amputation of the scrotum; this, I think, cannot possibly occur if the forceps are used with ordinary care. Even if such an accident should take place, the spasmodic action —for it is scarcely more—can be easily overcome by the application of iced cold water.

The treatment following the operation is very simple: a few strips of india-rubber adhesive plaster are fastened around the testes to assist in maintaining the cut edges of the scrotum in perfect apposition and to prevent any dragging on the stitches; a broad strip of adhesive plaster is then placed under the most dependent part of the scrotum and fastened on either side of and above the pubis. The wound should be kept perfectly clean and sponged three or four times daily with a weak solution of carbolic acid and water. Should any untoward symptoms manifest themselves, they would, of course, be treated on general principles.

When the wound has entirely healed, and the patient able to go about, I have been in the habit of advising the use of a suspensory bandage for some time. This precautionary measure is, I think, of decided benefit, allowing, or rather assisting, the enlarged veins to recover from their morbid size and condition.

The main objections urged against this treatment by persons who have never witnessed any of the good results of the operation, is the fear of erysipelas. I have never seen any complication of the kind follow the operation, nor do I believe that there is any greater tendency to excite any phlegmonous inflammation in this operation than there is in any other surgical procedure in other parts of the body. The adoption of Lister's apparatus and method of after-treatment would, doubtless, lessen the risk in the estimation of those who resort to it in their operations.

I was first led to perform this operation because it was suggested by Sir Astley Cooper,* who published five cases which he regarded as successful in their results, and an additional case with some extraordinary features—submitted by Mr. Key—who was also in favor of this operation, and preferred it to that of ligation of the veins. The difficulty in the performance arose from the want of a proper clamp. The one I presented ten years ago has met, I am pleased to state, with universal approbation. I

---

* Cooper: On the Structure and Diseases of the Testis. London, 1841.

have now performed the operation fourteen times* during the past ten years without any unpleasant results. My cases have ranged between the ages of nineteen and forty-five. The varicoceles were all on the left side, excepting in one instance, when both sides were involved. Nine of the fourteen cases healed perfectly by first intention. The remaining five healed partially by first intention and subsequent granulation. Those that healed by first intention made perfect recoveries within a week. The longest period of confinement in any of my cases was fifteen days. This was the case of a young gentleman of feeble constitution, who had led an irregular course of life for some time before the operation. I operated in his case in February, 1878. The following year he called on Sir James Paget, and directed his attention to the results of the operation. That distinguished surgeon assured him it was a success. I had an opportunity of examining this patient about three months ago. The result was all that could be desired. In another case, operated on in May, 1872, I examined the patient in January last, and the result was equally satisfactory. My cases were mainly from other parts of the country, and thus I am unable to give particulars of the results. I am led to think they were successful, because I enjoined them

* A few days after this paper was read before the Academy I operated on a policeman, April 26th, who had enlargement of the spermatic veins of the left side and scrotal veins, with great redundancy of the scrotum. He had suffered severely for six years. He was about thirty years of age, and had been otherwise strong and healthy. He attributed his disease to a strain and constant walking. The major portion of the wound healed by first intention. Two weeks elapsed before he went about. Shortly after he resumed his duties without the slightest inconvenience, and entirely relieved of his varicocele and associated suffering.

to let me know if at any time they felt that the operation was not satisfactory to them.

In June, 1870, I assisted a surgeon of this city, who removed the redundant scrotum for varicocele, from a lad fifteen years of age. The want of a proper clamp rendered the operation a tedious and unpleasant one; there was no union by first intention, and for some time the case looked very unsatisfactory. By chance I met him April 7th, of this year. I examined him and found the result to be a good one. He was perfectly satisfied.

In 1863, a gentleman, twenty-seven years of age, consulted a surgeon of this city for relief from severe suffering, due to a varicocele of left side. The veins were ligated by Ricord's method. The pains in the back and thighs continued with the same severity, with the addition of more intense irritation and swelling along the course of the spermatic veins and in the inguinal region. This proved such a serious annoyance that, in 1864, he submitted to amputation of the redundant scrotum. I was present at the operation. The surgeon removed a large section entirely from the bottom and most dependent part, forcing the testes up high, so that when the patient assumed the erect posture the testes bulged out in front of the penis, and became an additional annoyance. A third operation was performed—the removal of a section from the anterior surface of the scrotum, along the median line. He was relieved of his suffering, with the exception of the irritation and swelling in the course of the spermatic veins in the inguinal region. In 1870 he consulted another sur-

geon, who pronounced that he had a hernia. Under his advice he wore a truss for one year. In 1871 he sought the advice of another distinguished surgeon, who assured him he had no hernia, and confirmed his own impressions that his suffering was due solely to the ligation of the spermatic veins. He continues the use, more or less, of a suspensory bandage. April 14th, of this year, I had an opportunity of examining him. The scrotum presented a normal appearance, and the spermatic veins were no longer any source of annoyance. He stated that he felt perfectly well, and said that if asked which operation he thought most advisable, he assured me the removal of the redundant scrotum would be his choice.

He said that he would, under all circumstances, condemn ligation of the veins.

I give the details of this case because they furnish evidence of a practical character, after a lapse of sixteen years from the time the first operation was performed, and additionally, because they are given by an educated gentleman of much more than ordinary intelligence. One well established clinical fact from such a source is of more value than a hundred expressions of opinions without foundation.

CONCLUSIONS.

1. Varicocele is a disease that may occur at any period from boyhood to middle life.
2. It occurs mainly in early manhood.
3. It is not of such frequent occurrence as generally believed.

4. It is mostly met with in persons of delicate or impaired constitutions, or in those who have become enfeebled by disease or venereal excesses, or both.

5. In robust persons it may follow a severe strain, or direct injury in the region of, and along the course of, the spermatic veins.

6. It is sometimes complicated with disease of the testicle, hydrocele, and hernia.

7. A correct diagnosis is easily made with ordinary care and attention.

8. Ligation of the veins is not without risk and danger to life, and does not offer any decided prospects of a radical cure.

9. Ligation of the veins does at times cause loss of virility, and atrophy of the testicle.

10. The obliteration of the veins by the galvano-cautery has, so far, proved only a substitute for the ligation of the vessels.

11. Amputation of the redundant scrotum offers, at least, as good a prospect of cure without any chance of injury to the glands, and without risk to life.

12. Union by first intention becomes as nearly as possible a natural sequence.

13. Dangers from hemorrhage and inflammation are reduced to a minimum.

14. The operation with this instrument is easy of accomplishment.

By the Same Author.

THE AMERICAN JOURNAL OF SYPHILOGRAPHY AND DERMATOLOGY.

Edited by M. H. HENRY, M.A., M.D.,

SURGEON-IN-CHIEF TO THE STATE EMIGRANT HOSPITALS, WARD'S ISLAND, NEW YORK.

Part of Preface to work on Skin Diseases by Dr. Tilbury Fox, January, 1873.

I think the profession in general, and dermatology in particular, in America, owes much to Dr. Henry for the excellent Journal of Dermatology which he originated and so ably conducts, and I cannot forbear at the same time acknowledging how much I am personally indebted to him as the editor of the American edition of my work.

From the Lancet, May 25, 1872.

We now fulfil an intention, which we have had for some time past, of directing the special attention of our readers to this excellent journal, the numbers of which have for the last two years appeared under the editorship of Dr. Henry, of New York. . . . . The contents of the Journal consist of original articles, which have always been excellent clinical contributions, reviews, therapeutical notes, and an epitome of current litera-

ture. In selecting articles from foreign journals, the editor has published *in extenso* only contributions from the first authorities. . . . . As an instance of the kind of article which the practitioner will find in the JOURNAL, we may instance that which appears from the pen of Dr. Henry, in the last (April, 1872) number, now before us. It is a *résumé* of the treatment of venereal diseases, as pursued in the Vienna Hospital under the direction of Prof. Von Sigmund, and it includes all the formulæ used by that distinguished man in his practice. Speaking of the work from a knowledge of the nine or ten numbers which have already appeared, we cannot refrain from congratulating the profession in America on the possession of so good a journal devoted to cutaneous medicine. It is a work, moreover, of particular value to the English practitioner who may care to keep himself *au courant* with the progress of Dermatology, and it may conveniently supply the place of an English work of the kind. To those who are studying the subject of Dermatology in England, we particularly commend THE AMERICAN JOURNAL OF SYPHILOGRAPHY AND DERMATOLOGY.

---

*The Rise of American Dermatology.**

With the year 1870 a new and promising era, full of vitality and spirit, opened upon the Dermatology of our country, signalized in the first instance by the appearance of the AMERICAN JOURNAL OF SYPHILOGRAPHY AND

**President Duhring's address before the Dermatological Association, August, 1879. New York Medical Journal, November, 1879.*

DERMATOLOGY, under the Editorial management of Dr. M. H. Henry, of New York. This publication must always be regarded as an important event in the history of American Dermatology, for it was unquestionably the means of calling forth a considerable amount of substantial interest in this branch of medicine, as well as much good work, which, without such a stimulus, would probably never have been produced.

THE TREATMENT OF VENEREAL DISEASES: A Monograph on the method pursued in the Vienna Hospital. 1 vol. 1872.

CLINICAL OBSERVATIONS ON THE DEMENTIA AND THE HEMIPLEGIA OF SYPHILIS. Pamphlet. 1872.

CLINICAL CONTRIBUTIONS: Three cases of Induration of the Os and Cervix Uteri, the result of Syphilis. Two cases of Syphilitic Insanity. Four cases of Anomalous Localities of Chancres—extra genital—with remarks. Pamphlet. 1874.

SPECIALISTS AND SPECIALTIES IN MEDICINE. Address delivered before the Alumni Association of the Medical Department of the University of Vermont, Burlington, June 27, 1876. Pamphlet.

REPORT OF CASE OF DISLOCATION OF THE HIP UPWARD AND FORWARD ON THE PUBES, of twenty-six days' standing, successfully reduced, followed by complete recovery.—*The American Journal of the Medical Sciences*, January, 1878.

LANE MEDICAL LIBRARY

To avoid fine, this book should be returned on or before the date last stamped below.

N68 Henry, M.H. 13620
H52 Treatment of varicocele
1881 by excision of redun-
dant scrotum...
NAME DATE DUE